


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90039 034 *****55.00

DOCUMENT # LQ4000081854	
1. Entity Name K P PAINTING, LLC	

Principal Place of Business 19595 140TH PLACE LIVE OAK FL 32060	Mailing Address 19595 140TH PLACE LIVE OAK FL 32060
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2. Principal Place of Business In Home Suite, Apt. #, etc. Home Office City & State Live Oak Florida Zip 32060 Country Suwannee	3. Mailing Address 19595 140th Pla Suite, Apt. #, etc. Home Office City & State Live Oak Florida Zip 32060 Country Suwannee
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1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent SMITH, KAREN 19595 140TH PLACE LIVE OAK FL 32066	
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4. FEI Number 113732952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Smith, Karen	
Street Address (P.O. Box Number is Not Acceptable) 19595 140th Place	
City Live Oak	Zip Code FL 32060

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karen Smith (NOTE: Registered Agent signature required when reinstating) DATE 3/4/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KAREN 19595 140TH PLACE LIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, PAMELA 16694 SR 51 LIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karen Smith DATE: 3/4/05 386-776-2415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #